

Work Order ID 95641

January-16-13 8:33:02 AM

95641

Page 1

Item ID: D4063-3

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Hose

Start Date: 1/16/13 Start Qty: 5.00

5

Cust Item ID:

Required Date: 1/30/13 Req'd Qty: 5.00

5

Customer:

Reference:

Approvals:

Process Plan: MLS

Date: 13-01-16 Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D4063	a								

100

0.00

100

Purchasing

Purchasing

Memo

0.00

Issue P/O:

Purchase part as per Dwg D4063

Part #: 193-8

***ATTN: ORDER IN UNITS-

EX. IF W/O IS FOR 6 INDICATE ON PO

6 PCS OF 24" *****

Possible Supplier: Stratoflex

Material release note required

PL 13-01-16

110

Receive & Inspect for Damage & Mat'l Certs

0.00

110

Packaging

Packaging

Memo

0.00

PL 13-01-18 (5)
PL 13-01-22 (6)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Work Order ID 95641

January-16-13 8:33:02 AM

95641

Page 2

Item ID: D4063-3

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Hose

Start Date: 1/16/13 Start Qty: 5.00 ***5***

Cust Item ID:

Required Date: 1/30/13 Req'd Qty: 5.00 ***5***

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start ***NR1***

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
115		0.00							
115						5	0		FF 13-01-23
Small Fab	Memo	0.00							
Small Fab	CUT TO LENGHT AS PER DWG								
117		0.00							
117									
QC	Memo	0.00							
Quality Control									
120		0.00							
120						5			
QC	QC6- Inspect dimensions to drawing	0.00							
Quality Control	Memo	0.00							

DAS
15
2-89
13-1-29

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
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Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Work Order ID 95641

January-16-13 8:33:02 AM

95641

Page 3

Item ID: D4063-3

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Hose

Start Date: 1/16/13 Start Qty: 5.00 *5*

Cust Item ID:

Required Date: 1/30/13 Req'd Qty: 5.00 *5*

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

Identify as per dwg & Stock Location: 8251B

0.00

130

Packaging

Memo

0.00

Packaging

5x

13-01-24

140

QC21- Final Inspection - Work Order Release

0.00

140

QC

Memo

0.00

Quality Control

13/1/25

13-01-24

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Picklist Print

January-16-13 8:33:06 AM

Page 1

Work Order ID: 95641

95641

Parent Item: D4063-3

D4063-3

Parent Item Name: Hose

Start Date: 1/16/13

Required Date: 1/30/13

Start Qty: 5.00

Required Qty: 5.00

Comments: IPP rev A 10.02.03 new issue Prelim EC verified by: DD IPP Rev:B
10.05.17 as per ECN10-562 DD verf:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
193-8 *193-8* Stratoflex		Purchased	No				f	0.0000		5	**		

43/01/13 (5)
43/01/22 (6)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

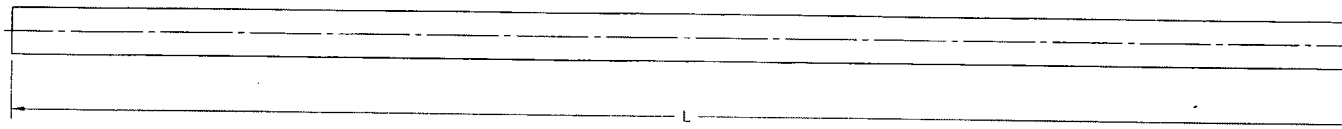
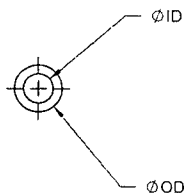
QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <table style="width:100%; border: none;"> <tr> <td style="width:25%;">Skid-tube <input type="checkbox"/></td> <td style="width:25%;">Crosstube <input type="checkbox"/></td> <td style="width:25%;">Water Jet <input type="checkbox"/></td> <td style="width:25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>						Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>																								
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FAULT CATEGORY																											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other																

DART AEROSPACE PART NUMBER	JOHN CAMERON AVIATION PART NUMBER
D4063-1	193-6
D4063-3	193-8

SPECIFICATION CONTROL DRAWING

SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO 95641 ML5
13-01-16



DART PART NUMBER	POSSIBLE SUPPLIER	SUPPLIER PART NUMBER	MATERIAL	MATERIAL SPEC	LENGTH	INSIDE Ø NOMINAL "ID"	OUTSIDE Ø NOMINAL "OD"
D4063-1	AVIALL	193-6	SEAMLESS BUNA-N	MIL-H-5593	17.0	0.38	0.60
D4063-3	AVIALL	193-8	SEAMLESS BUNA-N	MIL-H-5593	24.0	0.50	0.75

D4063-X VENT HOSE

RELEASED
2010-05-05

NOTES:

- 1) MATERIAL: SEE TABLE
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D4063-1/-3" AND B/N USING WHITE FINE POINT PERMANENT INK MARKER
- 7) WEIGHT: 0.11 lbs

A	NEW ISSUE		10.02.05
REV.	DESCRIPTION	BY	DATE
DESIGN			
DRAWN			
CHECKED			
MFG. APPR.			
APPROVED			
DE APPR.			
DATE	10.02.05		

DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWING NO. D4063	REV. A
TITLE VENT HOSE	SCALE NTS
COPYRIGHT © 2010 BY DART AEROSPACE LTD <small>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO18842

Purchase Order Date 1/16/2013

PO Print Date 1/16/2013

Page Number 2 of 3

Order From :

VU-AVI003

AVIALL
PO BOX 842275

DALLAS, TX 75284-2275
USA

Contact Name

Vendor Phone 905-676-1695

Vendor Fax 905-676-9046

Vendor Account Nbr

Buyer

Brigitte Golden

Requisition Nbr

Tax Resale Nbr

10127-2607

Terms

Net 30

Currency

USD

FOB

Destination-Collect

Special Inst: AS PER DWG: D4063 REV: A
B95640
5 PCS OF 17"

5	193-8	Stratoflex	1/16/2013 Yes	5.00 f	FedEx PI collect	\$5.0900	\$25.45
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Special Inst: AS PER DWG: D4063 REV: A
B95641
5 PCS OF 24"

6	GS#424	Sealant Tape	1/16/2013 Yes	500.00 f	FedEx PI collect	\$4.3614	\$2,180.70
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Special Inst: AS PER DWG: D4595 REV: A
B95660

7	MS20822-8D	Elbow-90M-1/2Flare- 3/8NP	1/16/2013 Yes	4.00 Each	FedEx PI collect	\$18.2300	\$72.92
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8	AN924-6D	Nut	1/16/2013 Yes	20.00 Each	FedEx PI collect	\$1.6700	\$33.40
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Special Inst: AS5178D06

9	AN894D4-3	Fitting	1/16/2013 Yes	10.00 Each	FedEx PI collect	\$8.0900	\$80.90
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No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required - YES NO



INVOICE



SHIPMENT NBR:

7667954

PAGE: 1
DATE: 01/16/13
TIME: 17:58
EMP#: 22611ORD TYP: RG
CURRENCY: USD

CUSTOMER P.O.: 18842

ORDER NUMBER: 0013089413- 7667954

ORDER DATE: 01/16/13

SHIP VIA: FED PLAM - COLLECT

B 032028
I DART AEROSPACE LTD
L 1270 ABERDEEN STREET
T HAWKESBURY ON K6A 1K7
O CANADAS
H DART AEROSPACE LTD
I
P 1270 ABERDEEN STREET
HAWKESBURY ON K6A 1K7
T
O CANADAS 08200
H AVIALL CENTRAL WAREHOUSE
I
P 2750 REGENT BLVD.
DFW AIRPORT TX 75261-9048
F
R U.S.A.
O
M

LINE	MFG	ITEM DESCRIPTION	ORDER QUANTITY	SHIP QUANTITY	BACK ORDER	UOM	UNIT PRICE	EXTENDED UNIT PRICE
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PLEASE SHIP FEDEX P1 ON CUSTOMER ACCOUNT
NUMBER 1517-9324-0, AWB# MUST REFERENCE
THE PURCHASE ORDER NUMBER, SHIP TO THE
ATTN OF CHANTAL 613-632-9577

1	10	193-6 HOSE: LOW PRESSURE, RUBBER Schedule B: 4009.31.0000 LOT 1012154242 IN Country of Origin: U.S.A.	5	5		0 FT	2.97	14.85
2	10	193-8 HOSE: LOW PRESSURE, RUBBER Schedule B: 4009.31.0000 LOT 0912018225 IN Country of Origin: U.S.A.	5	5		0 FT	5.09	25.45
3	33	424 TAPE: SEALANT, POLYSULFIDE, BLK 1/16INX1-1/2INX50FT Schedule B: 3214.10.0020 LOT 0812893407 RL Country of Origin: U.S.A.	10	10		0 RL	218.07	2,180.70

CERTIFICATE OF CONFORMANCE

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AV18 R5-06

JR Hofmann, Director, Quality Assurance & Training

01/16/13

Date

DISCOUNT TERMS APPLY ONLY TO SUB TOTAL. ALL RETURNED
MERCHANDISE SUBJECT TO HANDLING FEE.THIS IS TO CERTIFY THAT AVIALL HAS COMPLIED WITH THE PROVISIONS
OF THE FAIR LABOR STANDARDS ACT OF 1938 AMENDED.

CUSTOMER ORIGINAL



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO18887

Purchase Order Date 1/21/2013

PO Print Date 1/21/2013

Page Number 1 of 1

Order From : VU-AVI003
AVIALL
PO BOX 842275

DALLAS, TX 75284-2275
USA

Contact Name		Buyer	Brigitte Golden
Vendor Phone	905-676-1695	Requisition Nbr	
Vendor Fax	905-676-9046	Tax Resale Nbr	10127-2607
Vendor Account Nbr		Terms	Net 30
		Currency	USD
		FOB	Destination-Collect

Ship To : DART AEROSPACE LTD 1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	193-8	Stratoflex <i>w/o 9564</i>	1/22/2013 Yes	6.00 f	FedEx PI collect	\$5.0900	\$30.54
		Special Inst: 6 feet					
2	193-6	Stratoflex	1/22/2013 Yes	6.00 Each	FedEx PI collect	\$2.9700	\$17.82
		Special Inst: 6 feet					

PO Total: \$48.36

Change Nbr: 1

Change Date: 1/21/2013

No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required - YES NO



INVOICE



SHIPMENT NBR:

7676597

PAGE: 1
DATE: 01/21/13
TIME: 19:08
EMP#: 22611

CUSTOMER P.O.: 18887

ORDER NUMBER: 0013103467- 7676597

ORDER DATE: 01/21/13

SHIP VIA: FED PLAM - COLLECT

ORD TYP: RG
CURRENCY: USDB 032028
I
L DART AEROSPACE LTD
L 1270 ABERDEEN STREET
T HAWKESBURY ON K6A 1K7
O CANADAS
H
I DART AEROSPACE LTD
P 1270 ABERDEEN STREET
T HAWKESBURY ON K6A 1K7
O CANADAS 08200
H
I AVIALL CENTRAL WAREHOUSE
P 2750 REGENT BLVD.
F DFW AIRPORT TX 75261-9048
R U.S.A.
O
M

LINE	MFG	ITEM DESCRIPTION	ORDER QUANTITY	SHIP QUANTITY	BACK ORDER	UOM	UNIT PRICE	EXTENDED UNIT PRICE
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PLEASE SHIP FEDEX P1 ON CUSTOMER ACCOUNT
NUMBER 1517-9324-0, AWB# MUST REFERENCE
THE PURCHASE ORDER NUMBER, SHIP TO THE
ATTN OF CHANTAL 613-632-9577

1	10	193-6	6	6		0 FT	2.97	17.82
HOSE: LOW PRESSURE, RUBBER								
Schedule B: 4009.31.0000			ECCN: EAR99					

LOT 1012154242 IN
Country of Origin: U.S.A.

72

2	10	193-8	6	6		0 FT	5.09	30.54
HOSE: LOW PRESSURE, RUBBER								
Schedule B: 4009.31.0000			ECCN: EAR99					

LOT 0912018225 IN
Country of Origin: U.S.A.

72

*** These commodities, technologies, or software were exported from the United
*** States in accordance with the Export Administration Regulations. Diversion
*** contrary to U.S Law is prohibited.***

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JR Hofmann, Director, Quality Assurance & Training

01/21/13

Date

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CUSTOMER ORIGINAL



INVOICE



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7676597

PAGE: 2
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ORD TYP: RG
CURRENCY: USDB 032028
I
L DART AEROSPACE LTD
L 1270 ABERDEEN STREET
T HAWKESBURY ON K6A 1K7
O CANADAS
H
I DART AEROSPACE LTD
P 1270 ABERDEEN STREET
T HAWKESBURY ON K6A 1K7
O CANADAS 08200
H
I AVIALl CENTRAL WAREHOUSE
P 2750 REGENT BLVD.
F DFW AIRPORT TX 75261-9048
R
O U.S.A.
M

LINE	MFG	ITEM DESCRIPTION	ORDER QUANTITY	SHIP QUANTITY	BACK ORDER	UOM	UNIT PRICE	EXTENDED UNIT PRICE
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PARTS TOTAL	48.36
TAXES	0.00
FREIGHT	0.00
FUEL SURCHARGE	0.00
TOTAL	48.36

Currency: United States Dollar

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JR Hofmann, Director, Quality Assurance & Training

01/21/13

Date

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CUSTOMER ORIGINAL